following with 15% of the rest patients switching to rivaroxaban per year. Then the model estimates the number of DVT, pulmonary embolism (PE), intracranial bleeds (ICH) and major extracranial bleeds (ECH) per year. **RESULTS:** The new DVT patients are 287,813 per year. For those patients, with 20% patients switching to rivaroxaban from LMWH+VKA in the first year, the recurrent venous thrombus embolism (VTE) events, including DVT and PE, reduced 4.6%, major bleeding events including ECH and ICH reduced 7% with 1% minor bleeding increasing. To the third year, the recurrent VTE events reduced 11.4%, major bleeding events reduced 17% with 2% minor bleeding increasing compared with the current situation. **CONCLUSIONS:** Rivaroxaban may decrease the clinical burden of DVT in China by reducing the incidence of recurrent VTE and fatal bleeding events. Decision-makers can find the exact value of rivaroxaban easily by the simple tool in different situations.

PCV145

COST-EFFECTIVENESS OF DISEASE MANAGEMENT PROGRAMS FOR CARDIOVASCULAR RISK AND COPD IN THE NETHERLANDS

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OBJECTIVES: Disease management programs (DMPs) for cardiovascular risk (CVR) and chronic obstructive pulmonary disease (COPD) are increasingly implemented in the Netherlands to improve quality of care and patient's lifestyle. The aim of the study was to provide evidence about the (cost-) effectiveness of Dutch DMPs as implemented in daily practice. **METHODS:** We compared the 2-year costs and changes in physical activity, smoking behaviour, and utilities between the most and the least comprehensive DMP in four disease categories: primary CVR-prevention, secondary CVR-prevention, both types of CVR-prevention, and COPD (total n: 1034). Propensity score matching increased comparability between DMPs. A cost-utility analysis was performed from the health care and societal perspective. Sensitivity analysis was performed to estimate the impact of DMP development and implementation costs on the cost-effectiveness. **RESULTS:** Patients in the most comprehensive DMPs increased physical activity and had higher smoking cessation probabilities after 2 years in most disease categories. From a health care perspective, the incremental costs were positive in primary CVR-prevention (96% certainty), negative in secondary and both types of CVR prevention (93% and 98% certainty) and indifferent in COPD. The incremental QALYs were positive in all categories (certainty range: 64%-80%). The incremental cost-effectiveness ratio's ranged from €-114,662 to €8,849. The results from the societal perspective and the sensitivity analysis were in the same line. **CONCLUSIONS:** The most comprehensive DMPs for CVR and COPD were cost-effective compared to the least comprehensive DMPs. The challenge for Dutch stakeholders is to find the optimal mixture of interventions.

PCV146

COMPARING QUALITY EFFECTS OF PATIENT CARE IN INTEGRATED AND REGULAR CARE FOR PATIENTS WITH HYPERTENSION

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OBJECTIVES: This study examines the extent to which Integrated Care Programs lead to an improvement in the quality of patient care. The aim of the study is to carry out a quantitative analysis of differences in quality between patients participating in Disease Management Programs (DMPs) and patients receiving regular care, regardless of health insurance status, program, or region. **METHODS:** The study used data from the representative IMS Disease Analyzer database. It included patients with a confirmed diagnosis of hypertension who started antihypertensive therapy in the period between January 2010 and December 2012. The primary dependent variable of the study was the change in blood pressure after at least six months of antihypertensive treatment. To assess this variable, we determined the proportion of patients with a blood pressure of below 140/90 in the period between day 183 and day 365 after initiation of treatment (index date). In order to eliminate confounding factors, we performed one-to-one matching based on a propensity score. **RESULTS:** 1,317 patients participating in the integrated care program (ICP) and 1,317 patients not participating in such a program were available for further analyses following the propensity score matching. Patients in both groups were very similar with respect to demographic variables and antihypertensive therapy. The proportion of patients with blood pressure values <140/90 after one year of treatment was 33.6% in the group of ICP participants and 22.7% in the group of non-ICP patients ($p<0.0001$). The chance of reaching the treatment goal was significantly higher in the group of patients participating in an integrated health program (OR: 1.73; 95% CI: 1.45-2.05). **CONCLUSIONS:** It is evident that DMP participants have a significantly better chance of achieving the therapy goal. Thus, it can be established that integrated health care programs have a positive effect on quality.

PCV147

SEGMENTATION IS A KEY STRATEGIC TOOL FOR EFFECTIVE PRIORITISATION AND TARGETING OF PAYERS IN HIGHLY COMPETITIVE MARKETS; A CLIENT'S PERSPECTIVE

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OBJECTIVES: The research aimed to develop an attitudinal based, payer segmentation approach to explore payers' attitudes and behaviours towards the managed entry of novel agents in the anticoagulation area in the health care systems of countries within the EU. The segmentation exercise explored payers' drivers, motivations, barriers and limitations when assessing, endorsing or restricting new agents. **METHODS:** Qualitative in-depth telephone interviews were conducted to explore payers' views, along with perceived challenges relating to the entry of novel class of anticoagulation agents. Followed by a quantitative data collection and advanced statistical analysis methodology was employed with regional and local payers in each of the researched markets to define the segmentation according to attitudes and beliefs relevant to the therapy area. **RESULTS:** Quantitative segmentation identified key distinct segments of payers displaying unique attitudes and beliefs towards entry of the novel class of anticoagulation agents. The segmentation approach identified key differentiating factors between segments, allowing full profiling of each group. Payers' underlying values were explored with a view to gain insight to what is important to them as individuals as well as decision makers, what motivates them and what restricts them. **CONCLUSIONS:** Findings from this research were utilized to prioritise targeting of payer segments. In addition, communication and messaging strategies were optimised for these payer groups. Subsequently a post-project feedback workshop with the pharmaceutical client was conducted. The poster will discuss how the research was used by the pharmaceutical client and the benefits of this strategic tool to the brand team.

PCV148

IMPACT LAWS AND DECREES ON ACTIVITIES: THE ILDA STUDY

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OBJECTIVES: To assess whether the prescribing pattern of statins changed after reimbursement criteria revision and regional policies in a general practice in southern Italy. **METHODS:** Analysis has been performed on a database of 123 medical practitioners that have managed an average of 190.000 inhabitants in the Campania Region (south of Italy). Prevalence of use and incidence of new treatments were calculated from Jan 2012 to Jun 2013. Statin users were stratified into three groups (Moderate Cardiovascular Risk, MR; High Cardiovascular Risk, HR; Very High Cardiovascular Risk, VHR) according to new criteria for reimbursement for lipid lowering agents revised by the Italian Drug Agency (AIFA) (Nota 13). **RESULTS:** After the reimbursement criteria revision (November 2012), the prevalence of statin use slightly decreased reaching 6.6% in the second quarter of 2013 (-14% compared to second quarter of 2012). Stratified by level of CV risk, the prevalence of statin use is reduced by 24.9% into MR, 13.1% into HR and 5.9% into VHR, while incidence of new users of 22.4%, 34 5% and 45.8% respectively. In the second quarter of 2013, atorvastatin (+45.3%) was prescribed in 57,5% of patients in MR group (+45.3%), rosuvastatin 5.9% with (-60.1%) and 1.6% with simvastatin + ezetimide (-57.5%); in HR group, 40.7% (+20.8) atorvastatin, 5.3% (-57.0%) rosuvastatin and 2.1% (- 42.3%) simvastatin + ezetimide; in VHR, 56.3% (+15.8) atorvastatin, 12.5% (-37.5%) rosuvastatin and 2.1% (-27.1%) simvastatin + ezetimide. **CONCLUSIONS:** The revision of reimbursement criteria and the regional policies led to significant changes in general practice in southern Italy resulting in a reduction in the statin use, especially in patients who could potentially benefit from it most. The results of the study provide useful information for the general practitioner about areas for improvement prescriptive.

PCV149

ASSESSMENT OF THE IMPACT OF LEGISLATION ON THE UTILIZATION OF STATINS IN SLOVAKIA

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OBJECTIVES: Frequent legislative changes that have brought the Slovak health care reform over the past decade, reflected also on drug policy and especially on the prices of medicines and total consumption of medicines. Generic substitution was introduced to save both health insurance and patient's finances. **METHODS:** Data on prices and consumption of lipid-lowering agent medicines were collected from Slovak Ministry of Health and Health insurance. Data processing, we used a uniform methodology recommended by the WHO - ATC / DDD classification and basic statistical methods of observing. In case of national data, we reported consumption in units of DDD per 1,000 inhabitants for one day (DID). **RESULTS:** A class of lipid-lowering agent medicines (C10A) poses in recent years on Slovak market expanding group. Its number significantly increased in direct proportion with the introduction of generic drugs, mainly after 2004, when generic substitution was enacted and later after 2011, when mandatory generic prescribing entry into the force. The proportion of total medicines and generic drugs in the group C10A were $x_{2008\text{total-medicines}/\%\text{generic-drugs}}$=55/74,6 types and $x_{2014\text{total-medicines}/\%\text{generic-drugs}}$=203/94 types. The number of generic drugs with atorvastatin ranged $x_{2008\text{-}2014}$=4-18, rosuvastatin $x_{2008\text{-}2014}$=3-11, simvastatin $x_{2008\text{-}2014}$=7-7, fluvastatin $x_{2008\text{-}2014}$=1-1, lovastatin $x_{2008\text{-}2014}$=1-5. The consumption of medicines with atorvastatin $x_{2008\text{-}2014\text{-packages}=}$+Δ47,7%, $x_{2008\text{-}2014\text{-value}=}$+Δ20,1% €, rosuvastatin $x_{2008\text{-}2014\text{-packages}=}$+Δ18,8%, $x_{2008\text{-}2014\text{-value}=}$-Δ77,4 % €, simvastatin $x_{2008\text{-}2014\text{-packages}=}$-Δ48,6%, $x_{2008\text{-}2014\text{-value}=}$-Δ79,6 % €, fluvastatin $x_{2008\text{-}2014\text{-packages}=}$-Δ50,5%, $x_{2008\text{-}2014\text{-value}=}$-Δ90,4 % €, lovastatin $x_{2008\text{-}2014\text{-packages}=}$-Δ70,1%, $x_{2008\text{-}2014\text{-value}=}$-Δ81,8 % €. In the years 2008-2013 consumption of C10A in Slovakia increased by 77,5 per DDD/1000 inh. /day (DID). OECD statistics from 2011 indicate consumption of lipid-lowering agents amounting to 130 DID, while at the end of 2013 according to our data analysis increased to 142.8 DID. **CONCLUSIONS:** Overall changes in legislation of drug policy brought rising utilization of lipid-lowering agent medicines and in 2011 Slovakia together with Great Britain was on the second place with 130 DID consumption of lipid-lowering agents.

PCV150

THE IMPACT OF PHARMACEUTICAL POLICIES ON PHARMACEUTICAL SALES PATTERNS IN SWEDEN AND JAPAN

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